Application form of an academic teacher for the mobility for teaching purposes within the Erasmus+ Programme in the 20……/20…… academic year

# Personal data of the applicant

| **Type of personal data** | **Personal data** |
| --- | --- |
| Surname |  |
| Name(s) |  |
| Date of birth |  |
| Citizenship |  |
| PESEL |  |
| Passport number[[1]](#footnote-1) |  |
| Permanent address |  |
| Phone |  |
| E-mail |  |
| Faculty/organisational unit |  |
| Position |  |
| Title / degree |  |
| Work experience | less than 10 years of experience  10 to 20 years of experience  more than 20 years of experience |

# Direction of mobility

Please provide information on planned mobility and place of its performance.

| **Type of data** | **Data** |
| --- | --- |
| Planned mobility period (excluding travel days) | from ........................... to ………………………… |
| Duration of mobility (including travel days) | from ........................... to ………………………… |
| Name of receiving university |  |
| Address of the receiving university |  |
| Topics of planned classes |  |
| Form of planned classes (lecture, exercises, seminar, etc.) |  |
| Planned number of teaching hours (per week) |  |
| The language of conducting didactic classes |  |

# Mobility capital statement[[2]](#footnote-2)

I hereby declare that I have not participated in any mobility within the Erasmus+ Programme

I hereby declare that I have participated in the mobility within the Erasmus+ Programme   
(In case of more mobilities, please copy the part below)

**Mobility no. 1**

Academic year of the mobility: 20.../20…

Category of the mobility: teaching / training

Employee's sending university [[3]](#footnote-3)…………………………………………………………………………………………………………

Receiving university/institution ..............................................................................................................

He exact period of mobility ........months ........days

**Mobility no. 2**

Academic year of the mobility: 20.../20…

Category of the mobility: teaching / training

Employee's sending university [[4]](#footnote-4)…………………………………………………………………………………………………………

Receiving university/institution ..............................................................................................................

He exact period of mobility ........months ........days

# Statements necessary for the implementation of mobility[[5]](#footnote-5)

1. Have preliminary arrangements been made with the receiving university?  
    YES  NO
2. Will the teaching activity be combined with the training activity during one mobility period?  
    YES  NO
3. I declare that I know a foreign language to the extent that I can teach at the receiving university.  
    YES  NO
4. I have a documented degree of disability at the time of submitting this application.  
    YES  NO
5. If I am qualified for the mobility, I undertake to purchase compulsory health insurance for the duration of the mobility and stay at the receiving institution.  
    YES  NO
6. I declare that I have read the "Regulations on the outgoing mobilities within the Erasmus+ Programme" and the "University's rules for financing of the Erasmus+ Programme" and I undertake to comply with them.  
    YES  NO

**Date and signature of the Applicant:**

**Date and signature of the immediate supervisor**

**Date of submission of the application to the International Cooperation Department: …………………………..**

**Appendices to the application form:**

1. Draft agreement on conducting teaching activities i.e. Mobility Agreement Staff Mobility For Teaching
2. Other:

1. fill in only in case of mobilities to countries that are not members of the European Union [↑](#footnote-ref-1)
2. mark/underline the correct [↑](#footnote-ref-2)
3. you must also provide the mobilities taken at a university other than MUB [↑](#footnote-ref-3)
4. you must also provide the mobilities taken at a university other than MUB [↑](#footnote-ref-4)
5. mark/underline the correct [↑](#footnote-ref-5)